

**Contact Information**

Kansas Secretary of State  
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**KANSAS SECRETARY OF STATE  
Registration Statement for Solicitations****SC****53-10****All information must be completed or this document will not be accepted for filing.**☐ Initial registration☐ Renewal/update

This registration statement covers tax year end \_\_\_\_\_  
Month Day Year

1.a. Name of organization:

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b. Name/names under which it will solicit:

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**Do not write in this space**

2.a. Principal street address of the organization:

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Address

City

State

Zip

b. Principal mailing address (if different) of the organization:

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Address

City

State

Zip

3.a. Principal street address of any offices the organization has in Kansas:

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Address

City

State

Zip

b. Principal mailing address (if different) of any offices the organization has in Kansas:

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Address

City

State

Zip

4.a. Purpose for which the organization was organized:

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b. Purpose for which the organization intends to solicit contributions (if different):

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5. Names and mailing addresses of any subsidiary or subordinate chapters, branches or affiliates in Kansas:

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Name

Address

City

State

Zip

6. Date of organization \_\_\_\_\_ State of organization \_\_\_\_\_

7. Form of organization (trust, corporation, etc.): \_\_\_\_\_

8. Has the organization applied for or been granted IRS tax exempt status? ☐ Yes ☐ No

If yes, date of application \_\_\_\_\_ or date of determination letter \_\_\_\_\_

If granted, exempt under 501(c) \_\_\_\_\_ Are contributions to the organization tax deductible? ☐ Yes ☐ No

9. Names and addresses (street *and* mailing) of the following (attach additional pages if necessary):

Officers:

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Directors:

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Trustees:

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Principal salaried employees:

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10. Name and address (street *and* mailing) of person having custody of the organization's financial records:

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11. Names of the individuals or officers of the organization who will have responsibility for custody of contributions:

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12. Names of the individuals or officers of the organization who will have responsibility for the distribution of the contributions:

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13. Names of the individuals or officers of the organization who will have responsibility for the conduct of solicitation activities:

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14. Does the organization intend to solicit contributions directly? ☐ Yes ☐ No

15. Does the organization intend to have such solicitation done on such organization's behalf by others? ☐ Yes ☐ No

If yes, name the professional fund raiser(s) the organization intends to use:

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16. Methods of solicitation used:

☐ Personal contact    ☐ Mail    ☐ Telephone    ☐ Radio    ☐ TV  
☐ Volunteers    ☐ Internet    ☐ Vendors    ☐ Other \_\_\_\_\_  
Specify

17. Is this organization authorized by any other states or governmental authorities to solicit contributions? ☐ Yes ☐ No

If yes, give state or jurisdiction: \_\_\_\_\_

18. Is this organization, or has it ever been, enjoined by any court from soliciting contributions? ☐ Yes ☐ No

If yes, explain in detail: \_\_\_\_\_

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19. Report all fund raising costs below. Also report total fund raising costs as a percentage of contributions received.

If this is an initial registration statement, report anticipated costs.

For fiscal year:			List all fund raising costs - describe below:	
_____	_____	_____	_____	
Month	Day	Year	_____	
to			_____	
_____	_____	_____	Total fund raising costs: _____	
Month	Day	Year	Total costs as a percent of contributions received: _____ %	

(Attach additional pages, if necessary)

20. ● Attach copies of the organization's federal IRS income tax returns (not including schedules listing individual contributors).
- If the organization does not file income tax returns, attach the financial statement prescribed by the Secretary of State (Form FS) disclosing all fiscal activities of the preceding year.
  - If the organization received contributions exceeding \$500,000 during its fiscal year, attach an audited financial statement prepared in accordance with generally accepted accounting principles and the opinion of an independent CPA.
  - This statement must be signed by two separate, authorized officers, one of whom must be the chief fiscal officer.

I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Executed on this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ .  
Day Month Year

\_\_\_\_\_  
Signature of authorized officer

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Signature of chief fiscal officer

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Phone number

### Instructions

1. Submit this registration statement, along with all required attachments and a \$35 registration fee.
2. Solicitation registration expires on the last day of the sixth month following the month in which the fiscal year of charitable organization ends.
3. Solicitation registration must be renewed each year.

Notice: There is a \$25 service fee for all returned checks.